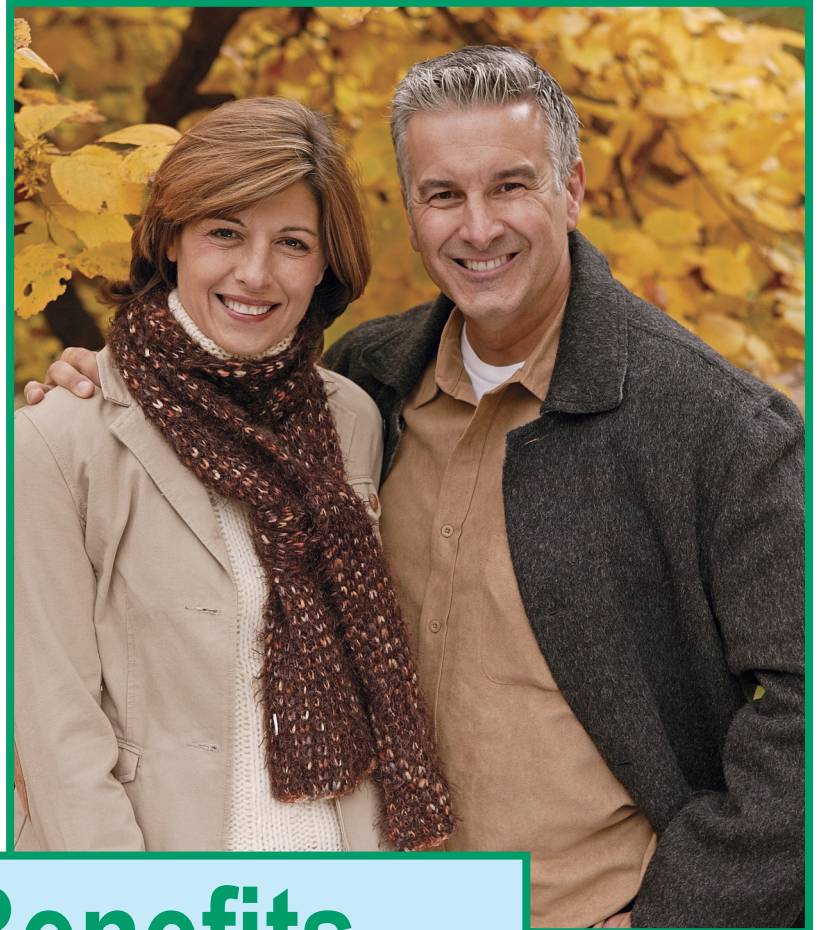


The Health Plan



THP Insurance Co.

SecureChoice Option I PPO
SecureChoice Option II PPO
SecureChoice Option III PPO



Summary of Benefits

*The health coverage you need.
The piece of mind you want.*

Introduction to the Summary of Benefits for SecureChoice Option I PPO, SecureChoice Option II PPO and SecureChoice Option III PPO

January 1, 2012 - December 31, 2012

Thank you for your interest in SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO. Our plan is offered by THP Insurance Company/Health Plan SecureChoice, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may be able to join or leave a plan only at certain times. Please call SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS SECURECHOICE OPTION I PPO, SECURECHOICE OPTION II PPO, AND SECURECHOICE OPTION III PPO AVAILABLE?

The service area for this plan includes: Ashland, OH; Belmont, OH; Carroll, OH; Columbiana, OH; Coshocton, OH; Guernsey, OH; Harrison, OH; Holmes, OH; Jefferson, OH; Mahoning, OH; Medina, OH; Monroe, OH; Muskingum, OH; Noble, OH; Portage, OH; Stark, OH; Summit, OH; Trumbull, OH; Tuscarawas, OH; Washington, OH; Wayne, OH; Barbour, WV; Brooke, WV; Calhoun, WV; Doddridge, WV; Gilmer, WV; Hancock, WV; Harrison, WV; Jackson, WV; Lewis, WV; Marion, WV; Marshall, WV; Monongalia, WV; Ohio, WV; Pleasants, WV; Preston, WV; Randolph, WV; Ritchie, WV; Roane, WV; Taylor, WV; Tucker, WV; Tyler, WV; Upshur, WV; Webster, WV; Wetzel, WV; Wirt, WV; Wood, WV. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan, and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information. If you move out of the state or county where you currently live to a state listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from SecureChoice Option I PPO, SecureChoice Option II PPO, or SecureChoice Option III PPO. If you move to a state not listed above, please call Customer Service to find out if THP Insurance Company has a plan in your new state or county.

WHO IS ELIGIBLE TO JOIN SECURECHOICE OPTION I PPO, SECURECHOICE OPTION II PPO, OR SECURECHOICE OPTION III PPO?

You can join SecureChoice Option I PPO, SecureChoice Option II PPO, or SecureChoice Option III PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in SecureChoice Option I PPO, SecureChoice Option II PPO, or SecureChoice Option III PPO unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

SecureChoice Option I PPO, SecureChoice Option II PPO, and SecureChoice Option III PPO have formed a network of doctors, specialists and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory. For an updated list, visit us at www.healthplan.org. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

SecureChoice Option II PPO and SecureChoice Option III PPO have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.healthplan.org. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

SecureChoice Option I PPO does cover Medicare Part B prescription drugs. SecureChoice Option I PPO does NOT cover Medicare Part D Prescription drugs.

SecureChoice Option II PPO and SecureChoice Option III PPO do cover both Medicare Part B prescription drugs AND Medicare Part D Prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

SecureChoice Option II PPO and SecureChoice Option III PPO use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you, and you can see our complete formulary on our website at www.healthplan.org.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- » 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/ 7 days a week; and see www.medicare.gov “Programs for People with Limited Income and Resources” in the publication Medicare & You.
- » The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- » Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan if a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of SecureChoice Option I PPO, SecureChoice Option II PPO, or SecureChoice Option III PPO, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of SecureChoice Option II PPO or SecureChoice Option III PPO, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact SecureChoice Option II PPO and/or SecureChoice Option III PPO for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs provided through DME.**

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

**Please call Health Plan SecureChoice for more information about
SecureChoice Option I PPO, SecureChoice Option II PPO,
and/or SecureChoice Option III PPO.**

Visit us at www.healthplan.org, or call us:

CUSTOMER SERVICE HOURS

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday: 8:00 a.m. – 8:00 p.m., Eastern

If you live in one of the following counties, please call the numbers listed below:

**Belmont, Guernsey, Harrison, Jefferson, Monroe, Muskingum, Noble, Washington counties, in Ohio ;
and Barbour, Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Jackson, Lewis, Marion,
Marshall, Monongalia, Ohio, Pleasants, Preston, Randolph, Ritchie, Roane, Taylor, Tucker,
Tyler, Upshur, Webster, Wetzel, Wirt, Wood Counties, in West Virginia.**

Current members should call toll-free **1-877-847-7907**

for questions related to the Medicare Advantage Program. (TTY/TDD **1-800-622-3925**)

Prospective members should call toll-free **1-877-847-7915**

for questions related to the Medicare Advantage Program. (TTY/TDD **1-800-622-3925**)

Current members should call locally **740-695-7907**

for questions related to the Medicare Advantage Program. (TTY/TDD **740-695-7919**)

Prospective members should call locally **740-695-7915**

for questions related to the Medicare Advantage Program. (TTY/TDD **740-695-7919**)

Current members should call toll-free **1-877-847-7907**

for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD **1-800-622-3925**)

Prospective members should call toll-free **1-877-847-7915**

for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD **1-800-622-3925**)

Current members should call locally **740-695-7907**

for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD **740-695-7919**)

Prospective members should call locally **740-695-7915**

for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD **740-695-7919**)

If you live in one of the following counties, please call the numbers listed below:
Ashland, Carroll, Columbiana, Coshocton, Holmes, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas, Wayne Counties, in Ohio.

Current members should call toll-free **1-877-847-7907**
for questions related to the Medicare Advantage Program. (TTY/TDD **1-800-622-3925**)

Prospective members should call toll-free **1-877-236-2290**
for questions related to the Medicare Advantage Program. (TTY/TDD **1-800-622-3925**)

Current members should call locally **740-695-7907**
for questions related to the Medicare Advantage Program. (TTY/TDD **740-695-7919**)

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for questions related to the Medicare Advantage Program. (TTY/TDD **740-695-7919**)

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for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD **740-695-7919**)

Prospective members should call locally **740-695-7915**
for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD **740-695-7919**)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.
This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact The Health Plan SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO for details.

Benefit Category

Original Medicare

SecureChoice
Option I PPO

SecureChoice
Option II PPO

SecureChoice
Option III PPO

Important Information

1. Premium and Other Important Information

In 2011, the monthly Part B premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you may pay more. Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

General

\$20 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Some physicians, providers and

General

\$111 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Some physicians, providers and

General

\$137 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Some physicians, providers and

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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Premium and Other Important Information (continued)

suppliers that are out of a plan’s network (i.e., out-of-network) accept “assignment” from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare “assignment,” your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare “limiting charge.” If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare “limiting charge” does not apply. See the publications Medicare & You or Your Medicare Benefits available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to “assignment” and “limiting charges” that apply by benefit type.

suppliers that are out of a plan’s network (i.e., out-of-network) accept “assignment” from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare “assignment,” your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare “limiting charge.” If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare “limiting charge” does not apply. See the publications Medicare & You or Your Medicare Benefits available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to “assignment” and “limiting charges” that apply by benefit type.

suppliers that are out of a plan’s network (i.e., out-of-network) accept “assignment” from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare “assignment,” your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare “limiting charge.” If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare “limiting charge” does not apply. See the publications Medicare & You or Your Medicare Benefits available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to “assignment” and “limiting charges” that apply by benefit type.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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Premium and Other Important Information (continued)

<p>Original Medicare</p>

<p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.</p> <p>Out-of-Network</p> <p>\$250 annual deductible. Contact the plan for services that apply.</p> <p>In and Out-of-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.</p>
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<p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.</p> <p>Out-of-Network</p> <p>\$250 annual deductible. Contact the plan for services that apply.</p> <p>In and Out-of-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.</p>
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<p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.</p> <p>Out-of-Network</p> <p>\$250 annual deductible. Contact the plan for services that apply.</p> <p>In and Out-of-Network</p> <p>\$3,400 out-of-pocket limit. All plan services included.</p>
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
<p>2. Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p> <p>In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p> <p>In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p> <p>In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p>

Summary of Benefits

Inpatient Care

<p>3. Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011, the amounts for each benefit period were:</p> <p>Days 1–60: \$1,132 deductible; Days 61–90: \$283 per day; Days 91–150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays: Days 1-12: \$175 copay per day; Days 13-90: \$0 copay per day \$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays: Days 1-12: \$175 copay per day; Days 13-90: \$0 copay per day \$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays: Days 1-12: \$100 copay per day; Days 13-90: \$0 copay per day \$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
<p>3. Inpatient Hospital Care (continued)</p>	<p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Out-of-Network</p> <p>20% of the cost for each hospital stay.</p>	<p>Out-of-Network</p> <p>20% of the cost for each hospital stay.</p>	<p>Out-of-Network</p> <p>20% of the cost for each hospital stay.</p>
<p>4. Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were: Days 1-60: \$1,132 deductible; Days 61-90: \$283 per day; Days 91-150: \$566 per lifetime reserve day.</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services finished in a general hospital.</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays: Days 1-10: \$175 copay per day Days 11-90: \$0 copay per day</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays: Days 1-10: \$175 copay per day Days 11-90: \$0 copay per day</p>	<p>In-Network</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays: Days 1-12: \$100 copay per day Days 13-90: \$0 copay per day</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
4. Inpatient Mental Health Care (continued)		<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>20% of the cost for each hospital stay.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>20% of the cost for each hospital stay.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>20% of the cost for each hospital stay.</p>
5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>In 2011, the amounts for each benefit period after at least a 3-day covered hospital stay were :</p> <p>Days 1–20: \$0 per day Days 21–100: \$141.50 per day.</p> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <p>Days 1-10: \$0 copay per day Days 11-100: \$100 copay per day.</p> <p>Out-of-Network</p> <p>20% of the cost for each SNF stay.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <p>Days 1-10: \$0 copay per day Days 11-100: \$100 copay per day.</p> <p>Out-of-Network</p> <p>20% of the cost for each SNF stay.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <p>Days 1-10: \$0 copay per day Days 11-100: \$75 copay per day.</p> <p>Out-of-Network</p> <p>20% of the cost for each SNF stay.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 20% of the cost for home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 20% of the cost for home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 20% of the cost for home health visits.</p>
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

Benefit Category

Original Medicare

SecureChoice
Option I PPO

SecureChoice
Option II PPO

SecureChoice
Option III PPO

Outpatient Care

8. Doctor Office Visits

20% coinsurance.

General

Authorization rules may apply.

In-Network

\$0 copay for each primary care doctor visit for Medicare-covered benefits.

\$35 copay for each in-area, network urgent care Medicare-covered visit.

\$0 to \$35 copay for each specialist visit for Medicare-covered benefits.

Out-of-Network

\$20 to \$45 copay for each primary care doctor visit.

\$45 copay for each specialist visit.

General

Authorization rules may apply.

In-Network

\$0 copay for each primary care doctor visit for Medicare-covered benefits.

\$35 copay for each in-area, network urgent care Medicare-covered visit.

\$0 to \$35 copay for each specialist visit for Medicare-covered benefits.

Out-of-Network

\$20 to \$45 copay for each primary care doctor visit.

\$45 copay for each specialist visit.

General

Authorization rules may apply.

In-Network

\$0 copay for each primary care doctor visit for Medicare-covered benefits.

\$35 copay for each in-area, network urgent care Medicare-covered visit.

\$0 to \$35 copay for each specialist visit for Medicare-covered benefits.

Out-of-Network

\$20 to \$45 copay for each primary care doctor visit.

\$45 copay for each specialist visit.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
<p>9. Chiropractic Services</p>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Out-of-Network \$45 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Out-of-Network \$45 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Out-of-Network \$45 copay for chiropractic benefits.</p>
<p>10. Podiatry Services</p>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered visit.</p> <p>\$35 copay for up to 2 supplemental routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$45 copay for podiatry benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered visit.</p> <p>\$35 copay for up to 2 supplemental routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$45 copay for podiatry benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered visit.</p> <p>\$35 copay for up to 2 supplemental routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$45 copay for podiatry benefits.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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11. Outpatient Mental Health Care

40% coinsurance for most outpatient mental health services.

Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.

“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.

General
Authorization rules may apply.

In-Network

\$35 copay for each Medicare-covered individual therapy visit.

\$35 copay for each Medicare-covered group therapy visit.

\$35 copay for each Medicare-covered individual therapy visit with a psychiatrist.

\$35 copay for each Medicare-covered group therapy visit with a psychiatrist.

\$0 copay for Medicare-covered partial hospitalization program services.

Out-of-Network

20% of the cost for partial hospitalization program services.

\$45 copay for Mental Health benefits with a psychiatrist.

\$45 copay for Mental Health benefits.

General
Authorization rules may apply.

In-Network

\$35 copay for each Medicare-covered individual therapy visit.

\$35 copay for each Medicare-covered group therapy visit.

\$35 copay for each Medicare-covered individual therapy visit with a psychiatrist.

\$35 copay for each Medicare-covered group therapy visit with a psychiatrist.

\$0 copay for Medicare-covered partial hospitalization program services.

Out-of-Network

20% of the cost for partial hospitalization program services.

\$45 copay for Mental Health benefits with a psychiatrist.

\$45 copay for Mental Health benefits.

General
Authorization rules may apply.

In-Network

\$35 copay for each Medicare-covered individual therapy visit.

\$35 copay for each Medicare-covered group therapy visit.

\$35 copay for each Medicare-covered individual therapy visit with a psychiatrist.

\$35 copay for each Medicare-covered group therapy visit with a psychiatrist.

\$0 copay for Medicare-covered partial hospitalization program services.

Out-of-Network

20% of the cost for partial hospitalization program services.

\$45 copay for Mental Health benefits with a psychiatrist.

\$45 copay for Mental Health benefits.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
12. Outpatient Substance Abuse Care	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual visits. \$35 copay for Medicare-covered group visits.</p> <p>Out-of-Network \$45 copay for outpatient substance abuse benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual visits. \$35 copay for Medicare-covered group visits.</p> <p>Out-of-Network \$45 copay for outpatient substance abuse benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual visits. \$35 copay for Medicare-covered group visits.</p> <p>Out-of-Network \$45 copay for outpatient substance abuse benefits.</p>
13. Outpatient Services/ Surgery	20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility services. Copay cannot exceed Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility services.	<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$125 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network 20% of the cost for outpatient hospital facility benefits. 20% of the cost for ambulatory surgical center benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$125 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network 20% of the cost for outpatient hospital facility benefits. 20% of the cost for ambulatory surgical center benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$175 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network 20% of the cost for outpatient hospital facility benefits. 20% of the cost for ambulatory surgical center benefits.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$125 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$125 copay for ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$125 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$125 copay for ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$125 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$125 copay for ambulance benefits.</p>
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
<p>16. Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgently-needed-care visit.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgently-needed-care visit.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently-needed-care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgently-needed-care visit.</p>
<p>17. Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>Out-of-Network</p> <p>\$45 copay for Physical and/or Speech and Language Therapy visits.</p> <p>\$45 copay for Occupational Therapy benefits.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>Out-of-Network</p> <p>\$45 copay for Physical and/or Speech and Language Therapy visits.</p> <p>\$45 copay for Occupational Therapy benefits.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>Out-of-Network</p> <p>\$45 copay for Physical and/or Speech and Language Therapy visits.</p> <p>\$45 copay for Occupational Therapy benefits.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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Outpatient Medical Services and Supplies

<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for durable medical equipment.</p>	<p>General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for durable medical equipment.</p>	<p>General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for durable medical equipment.</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for prosthetic devices.</p>	<p>General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for prosthetic devices.</p>	<p>General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. Out-of-Network 30% of the cost for prosthetic devices.</p>
<p>20. Diabetes Programs and Supplies</p>	<p>20% coinsurance for diabetes self-management training. 20% coinsurance for diabetes supplies. 20% coinsurance for diabetic therapeutic shoes or inserts.</p>	<p>General Authorization rules may apply. In-Network \$0 copay for Diabetes self-management training. \$7.50 copay for Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$0 to \$35 may apply.</p>	<p>General Authorization rules may apply. In-Network \$0 copay for Diabetes self-management training. \$7.50 copay for Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$0 to \$35 may apply.</p>	<p>General Authorization rules may apply. In-Network \$0 copay for Diabetes self-management training. \$7.50 copay for Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$0 to \$35 may apply.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
20. Diabetes Programs and Supplies (continued)		Out-of-Network 20% of the cost for Diabetes self-management training. 30% of the cost for Diabetes monitoring supplies. 30% of the cost for Therapeutic shoes or inserts.	Out-of-Network 20% of the cost for Diabetes self-management training. 30% of the cost for Diabetes monitoring supplies. 30% of the cost for Therapeutic shoes or inserts.	Out-of-Network 20% of the cost for Diabetes self-management training. 30% of the cost for Diabetes monitoring supplies. 30% of the cost for Therapeutic shoes or inserts.
21. Diagnostic Tests, X-rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab services. Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol. 20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.	General Authorization rules may apply. In-Network \$0 to \$10 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. \$0 to \$25 copay for Medicare-covered X-rays. \$0 to \$125 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services. If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$0 to \$35 may apply.	General Authorization rules may apply. In-Network \$0 to \$10 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. \$0 to \$25 copay for Medicare-covered X-rays. \$0 to \$125 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services. If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$0 to \$35 may apply.	General Authorization rules may apply. In-Network \$0 to \$5 copay for Medicare-covered lab services. \$0 copay for Medicare-covered diagnostic procedures and tests. \$0 to \$20 copay for Medicare-covered X-rays. \$0 to \$100 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology services. If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$0 to \$35 may apply.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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21. Diagnostic Tests, X-rays, Lab Services, and Radiology Services (continued)

Out-of-Network
 20% of the cost for therapeutic radiology services.
 20% of the cost for outpatient X-rays.
 20% of the cost for diagnostic radiology services.
 20% of the cost for diagnostic procedures, tests, and lab services.

Out-of-Network
 20% of the cost for therapeutic radiology services.
 20% of the cost for outpatient X-rays.
 20% of the cost for diagnostic radiology services.
 20% of the cost for diagnostic procedures, tests, and lab services.

Out-of-Network
 20% of the cost for therapeutic radiology services.
 20% of the cost for outpatient X-rays.
 20% of the cost for diagnostic radiology services.
 20% of the cost for diagnostic procedures, tests, and lab services.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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22. Cardiac and Pulmonary Rehabilitation Services

20% coinsurance Cardiac Rehabilitation services.
 20% coinsurance for Pulmonary Rehabilitation services.
 20% coinsurance for Intensive Cardiac Rehabilitation services.
 This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.

General
 Authorization rules may apply.

In-Network
 \$0 copay for:

- Medicare-covered Cardiac Rehabilitation Services
- Medicare-covered Intensive Cardiac Rehabilitation Services
- Medicare-covered Pulmonary Rehabilitation Services

Out-of-Network
 20% of the cost for Cardiac Rehabilitation Services.
 20% of the cost for Intensive Cardiac Rehabilitation Services.
 20% of the cost for Pulmonary Rehabilitation Services.

General
 Authorization rules may apply.

In-Network
 \$0 copay for:

- Medicare-covered Cardiac Rehabilitation Services
- Medicare-covered Intensive Cardiac Rehabilitation Services
- Medicare-covered Pulmonary Rehabilitation Services

Out-of-Network
 20% of the cost for Cardiac Rehabilitation Services.
 20% of the cost for Intensive Cardiac Rehabilitation Services.
 20% of the cost for Pulmonary Rehabilitation Services.

General
 Authorization rules may apply.

In-Network
 \$0 copay for:

- Medicare-covered Cardiac Rehabilitation Services
- Medicare-covered Intensive Cardiac Rehabilitation Services
- Medicare-covered Pulmonary Rehabilitation Services

Out-of-Network
 20% of the cost for Cardiac Rehabilitation Services.
 20% of the cost for Intensive Cardiac Rehabilitation Services.
 20% of the cost for Pulmonary Rehabilitation Services.

Preventive Services

23. Preventive Services and Wellness/ Education Programs

No coinsurance, copayment or deductible for the following:

- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.
- Colorectal Cancer Screening
- Diabetes Screening
- Influenza Vaccine
- Hepatitis B Vaccine for people with Medicare who are at risk

General

\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:

- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)
- Colorectal Cancer Screening
- Diabetes Screening
- Influenza Vaccine
- Hepatitis B Vaccine
- HIV Screening
- Breast Cancer Screening (Mammogram)
- Medical Nutrition Therapy Services
- Personalized Prevention Plan Services (Annual Wellness Visits)
- Pneumococcal Vaccine
- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)

General

\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:

- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)
- Colorectal Cancer Screening
- Diabetes Screening
- Influenza Vaccine
- Hepatitis B Vaccine
- HIV Screening
- Breast Cancer Screening (Mammogram)
- Medical Nutrition Therapy Services
- Personalized Prevention Plan Services (Annual Wellness Visits)
- Pneumococcal Vaccine
- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)

General

\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:

- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)
- Colorectal Cancer Screening
- Diabetes Screening
- Influenza Vaccine
- Hepatitis B Vaccine
- HIV Screening
- Breast Cancer Screening (Mammogram)
- Medical Nutrition Therapy Services
- Personalized Prevention Plan Services (Annual Wellness Visits)
- Pneumococcal Vaccine
- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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23. Preventive Services and Wellness/ Education Programs (continued)

- HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy
- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.
- Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a doctor. These services

- Smoking Cessation (Counseling to stop smoking)
 - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)
- HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.
- In-Network**
- The plan covers the following supplemental education/wellness programs:
- Written health education materials, including Newsletters
 - Additional Smoking Cessation

- Smoking Cessation (Counseling to stop smoking)
 - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)
- HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.
- In-Network**
- The plan covers the following supplemental education/wellness programs:
- Written health education materials, including Newsletters
 - Additional Smoking Cessation

- Smoking Cessation (Counseling to stop smoking)
 - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)
- HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.
- In-Network**
- The plan covers the following supplemental education/wellness programs:
- Written health education materials, including Newsletters
 - Additional Smoking Cessation

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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23. Preventive Services and Wellness/ Education Programs (continued)

can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease

- Personalized Prevention Plan Services (Annual Wellness Visits)
- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.
- Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.
- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits

Out-of-Network
 20% of the cost for Medicare-covered preventive services.
 20% of the cost for supplemental education/wellness programs.

Out-of-Network
 20% of the cost for Medicare-covered preventive services.
 20% of the cost for supplemental education/wellness programs.

Out-of-Network
 20% of the cost for Medicare-covered preventive services.
 20% of the cost for supplemental education/wellness programs.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
23. Preventive Services and Wellness/ Education Programs (continued)	<ul style="list-style-type: none"> Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 			
24. Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for renal dialysis. \$0 copay for kidney disease education services.</p> <p>Out-of-Network 20% of the cost for kidney disease education services. 20% of the cost for renal dialysis.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for renal dialysis. \$0 copay for kidney disease education services.</p> <p>Out-of-Network 20% of the cost for kidney disease education services. 20% of the cost for renal dialysis.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for renal dialysis. \$0 copay for kidney disease education services.</p> <p>Out-of-Network 20% of the cost for kidney disease education services. 20% of the cost for renal dialysis.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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25. Outpatient Prescription Drugs

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.

Drugs covered under Medicare Part B

General

Most drugs not covered.
 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).
 10% of the cost for Part B-covered chemotherapy drugs.
 20% of the cost for Part B drugs out-of-network.

Drugs covered under Medicare Part D

General

This plan does not offer prescription drug coverage.

Drugs covered under Medicare Part B

General

20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).
 10% of the cost for Part B-covered chemotherapy drugs.
 20% of the cost for Part B drugs out-of-network.

Drugs covered under Medicare Part D

General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.healthplan.org on the web.
 Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long-term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service) providers.

Drugs covered under Medicare Part B

General

20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).
 10% of the cost for Part B-covered chemotherapy drugs.
 20% of the cost for Part B drugs out-of-network.

Drugs covered under Medicare Part D

General

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.healthplan.org on the web.
 Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long-term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service) providers.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

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Drugs covered under Medicare Part D (continued)

The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from SecureChoice - Option II PPO for certain drugs.

Drugs covered under Medicare Part D (continued)

The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from SecureChoice - Option III PPO for certain drugs.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

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Drugs covered under Medicare Part D (continued)

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

If you request a formulary exception for a drug and SecureChoice - Option II PPO approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.

Drugs covered under Medicare Part D (continued)

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

If you request a formulary exception for a drug and SecureChoice - Option III PPO approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

Original Medicare

SecureChoice Option I PPO

<p>Drugs covered under Medicare Part D (continued)</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$8 copay for a one-month (30-day) supply of drugs in this tier • \$24 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (30-day) supply of drugs in this tier • \$120 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

<p>Drugs covered under Medicare Part D (continued)</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a one-month (30-day) supply of drugs in this tier • \$9 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (30-day) supply of drugs in this tier • \$105 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

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<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (30-day) supply of drugs in this tier • \$285 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$8 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (31-day) supply of drugs in this tier
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<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (30-day) supply of drugs in this tier • \$285 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (31-day) supply of drugs in this tier
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

Content for Original Medicare column

Content for SecureChoice Option I PPO column
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<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$16 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$80 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95 copay for a one-month (31-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$6 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$70 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

Original Medicare

SecureChoice Option I PPO

<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$190 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Additional Coverage Gap You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$8 copay for a one-month (30-day) supply of all drugs covered in this tier \$24 copay for three-month (90-day) supply of all drugs covered in this tier
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<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$190 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Additional Coverage Gap You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$3 copay for a one-month (30-day) supply of all drugs covered in this tier \$9 copay for three-month (90-day) supply of all drugs covered in this tier

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

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<p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$8 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$16 copay for a three-month (90-day) supply of all drugs covered in this tier <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs

<p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a one-month (31-day) supply of all drugs covered in this tier <p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$6 copay for a three-month (90-day) supply of all drugs covered in this tier <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

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Empty cell for SecureChoice Option I PPO
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<p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from SecureChoice - Option II PPO.</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$8 copay for a one-month (30-day) supply of drugs in this tier

<p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from SecureChoice - Option III PPO.</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a one-month (30-day) supply of drugs in this tier
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

Empty cell for Original Medicare

<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$40 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$95 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$8 copay for a one-month (30-day) supply of all drugs covered in this tier

<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$35 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$95 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$3 copay for a one-month (30-day) supply of all drugs covered in this tier

Empty cell for SecureChoice Option III PPO
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

Original Medicare

<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>

<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>

<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket costs reach \$4,700.</p>
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Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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**Prescription Drugs
(continued)**

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<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> 5% coinsurance, or \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs

<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> 5% coinsurance, or \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs

<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> 5% coinsurance, or \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
Prescription Drugs <i>(continued)</i>			You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.	You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.
26. Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$45 copay for comprehensive dental benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$45 copay for comprehensive dental benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$45 copay for comprehensive dental benefits.</p>
27. Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<p>In-Network In general, supplemental routine hearing exams and hearing aids not covered. \$35 copay for Medicare-covered diagnostic hearing exams.</p> <p>Out-of-Network \$45 copay for hearing exams.</p>	<p>In-Network In general, supplemental routine hearing exams and hearing aids not covered. \$35 copay for Medicare-covered diagnostic hearing exams.</p> <p>Out-of-Network \$45 copay for hearing exams.</p>	<p>In-Network In general, supplemental routine hearing exams and hearing aids not covered. \$35 copay for Medicare-covered diagnostic hearing exams.</p> <p>Out-of-Network \$45 copay for hearing exams.</p>

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
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28. Vision Services

20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.
 Supplemental routine eye exams and glasses not covered.
 Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.
 Annual glaucoma screenings covered for people at risk.

In-Network

- \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.
- \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$35 copay for up to 1 supplemental routine eye exam(s) every year.
- \$15 copay for up to 1 pair(s) of glasses every two years.
- \$15 copay for up to 1 pair(s) of contacts every two years.
- \$15 copay for up to 1 pair(s) of lenses every two years.
- \$15 copay for up to 1 frame(s) every two years.

\$100 plan coverage limit for eye wear every two years.
 If the doctor provides you services in addition to eye exams, separate cost sharing of \$0 to \$35 may apply.

In-Network

- \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.
- \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$35 copay for up to 1 supplemental routine eye exam(s) every year.
- \$15 copay for up to 1 pair(s) of glasses every two years.
- \$15 copay for up to 1 pair(s) of contacts every two years.
- \$15 copay for up to 1 pair(s) of lenses every two years.
- \$15 copay for up to 1 frame(s) every two years.

\$100 plan coverage limit for eye wear every two years.
 If the doctor provides you services in addition to eye exams, separate cost sharing of \$0 to \$35 may apply.

In-Network

- \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.
- \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.
- \$35 copay for up to 1 supplemental routine eye exam(s) every year.
- \$15 copay for up to 1 pair(s) of glasses every two years.
- \$15 copay for up to 1 pair(s) of contacts every two years.
- \$15 copay for up to 1 pair(s) of lenses every two years.
- \$15 copay for up to 1 frame(s) every two years.

\$100 plan coverage limit for eye wear every two years.
 If the doctor provides you services in addition to eye exams, separate cost sharing of \$0 to \$35 may apply.

Benefit Category	Original Medicare	SecureChoice Option I PPO	SecureChoice Option II PPO	SecureChoice Option III PPO
28. Vision Services <i>(continued)</i>		Out-of-Network 20% of the cost for eye wear. \$45 copay for eye exams.	Out-of-Network 20% of the cost for eye wear. \$45 copay for eye exams.	Out-of-Network 20% of the cost for eye wear. \$45 copay for eye exams.
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.	In-Network This plan does not cover supplemental routine transportation.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.

Clarification of Benefits

We would like to clarify and further emphasize the following benefits and features of SecureChoice Option I PPO, SecureChoice Option II PPO, and/or SecureChoice Option III PPO:

#1 Premium and Other Important Information:

The Out-of-Network deductible applies to Out-of-Network Medicare-covered plan services.

#8 Doctor Office Visits and #16 Urgently Needed Care:

In-Network: There is a \$0 copay for an annual retinal eye exam.

Out-of-Network: The Primary Care Physician office visit copay is \$20. The Specialist Physician office visit copay is \$45. For Urgently Needed Care received within the service area from an out-of-network provider a \$45 copay may apply.

#13 Outpatient Services/Surgery:

SecureChoice Option I PPO and SecureChoice Option II PPO: You pay \$0 to \$125 for each Medicare-covered visit to an outpatient hospital facility. The \$125 applies to CT Scans, MRI, MRA, PET and SPECT Scans.

SecureChoice Option III PPO: You pay \$0 to \$100 for each Medicare-covered visit to an outpatient hospital facility. The \$100 applies to CT Scans, MRI, MRA, PET and SPECT Scans.

#20 Diabetes Programs and Supplies:

You pay \$7.50 of the cost (per 30 day supply or up to a quantity of 100*) for each Preferred Diabetic Supply item for test strips and lancets. You pay 100% for Non-Preferred Diabetic Supplies. Contact us for a list of preferred supplies. *Quantities required in excess of 100 are covered with Prior Authorization.

#21 Diagnostic Tests, X-rays and Lab Services:

SecureChoice Option I PPO and SecureChoice Option II PPO: You pay a \$10 copay for Medicare-covered laboratory tests * and a \$25 copay for Medicare-covered x-rays *.

SecureChoice Option III PPO: You pay a \$5 copay for Medicare-covered laboratory tests * and a \$20 copay for Medicare-covered x-rays *.

* No copay will apply to x-ray and/or lab services when the services are part of a scheduled outpatient surgery, an emergency room visit, an inpatient hospital stay and/or when performed during an office visit at the physician office. (Note: Physician must either perform labwork or collect specimen(s) in his or her office or a copayment will be charged.)

#25 Outpatient Prescription Drugs:

According to Medicare Guidelines, if you first enroll in SecureChoice Option I PPO without prescription drug coverage and then select a Stand-Alone Prescription Drug Plan, this election will terminate your enrollment in SecureChoice Option I PPO and return you to Original Medicare with Prescription Drug Plan coverage.

Clarification of Benefits (continued)

#28: Vision Services:

Annual glaucoma screenings are covered for people at risk, with a \$0 copay.

Eyewear includes frames, lenses, and/or contact lenses. Limitations apply. Specified lenses covered in full with frames of your choice covered up to \$65 plus 20% off any out-of-pocket costs. The \$100 limit every 24 months for contacts includes the exam.

Eyewear is provided after Cataract Surgery in accordance with Medicare guidelines. Limitations and exclusions may apply. This may include, but is not limited to, the following:

One standard pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.

Standard Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.

UTILIZATION REVIEW - The Health Plan has a Utilization Management Program in place that monitors the use of, or evaluates the clinical necessity, appropriateness, efficacy or efficiency of, health care services, procedures or care settings.

Areas of utilization management include:

- Pre-authorization of health care services for, example elective admissions, home health services, durable medical equipment or imaging studies. Preauthorizations may be for nonurgent services, urgent services or post services. The decisions for preauthorizations are made within strict time frames to minimize any disruption in the provision of health care. Nonauthorization decisions are communicated to members and providers within strict time frames with sufficient information to understand the reason for the nonauthorization and to decide whether to appeal the nonauthorization. Only medical directors who are physicians may nonauthorize services for medical necessity.
- Hospital inpatient review. Clinical information is received from hospitals which enable registered nurses at The Health Plan to assist with post hospital care needs and arranging services to ensure care across the continuum.
- Care/case management is a personalized process to assess treatment options and opportunities to coordinate care, design care plans to improve quality and efficacy of care, manage cost and benefits patient care to ensure optimal outcomes for members with catastrophic illness or those needing episodic management of health care needs.

Registered nurses perform the functions of utilization management.

NEW TECHNOLOGY - The Health Plan tries to keep pace with change and ensure members have access to safe and effective care. The Health Plan continually reviews new trends in medical technology, procedures, pharmacological treatments and drugs. Scientific evidence, medical effectiveness and determinations from regulatory bodies are all components of the review of new technology. The Health Plan reviews this information to form the basis for coverage decisions in the future.

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THP Insurance Co.

SecureChoice PPO

Preferred Provider Organization

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